

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 583684

FILING DATE

6.19.06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		2		
4		2		2		
5		2		2		
6		2		2		
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19		2		2		
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22		2		2		
23		2		2		
24		2		2		
25	1		1			
26		1		1		
27		1		1		
28		1		1		
29		1		1		
30		1		1		
31	1		1			
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36	1		1			
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39	1		1			
40	1		1			
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49						
50						
TOTAL IND.		↓	6	↓		↓
TOTAL DEP.		←	27	←		←
TOTAL CLAIMS			33			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						